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Cap17329  
PTO/SB/21 (08-00)

Approved for use through 10/31/2002, OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	08/849,746
		Filing Date	September 5, 1997
		First Named Inventor	Loher et al.
		Group Art Unit	1732
		Examiner Name	S. Staicovici
Total Number of Pages in This Submission	24	Attorney Docket Number	LUD-PT007

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Alfred Stapler Volpe and Koenig, P.C.	Reg. No. 16,675
Signature		
Date	March 18, 2002	

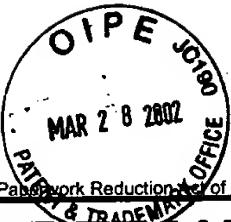
### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

March 18, 2002

Typed or printed name	Alfred Stapler	Date	March 18, 2002
Signature			

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Volpe and Koenig Revision of PTO/SB/17 (10-01)  
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# FEE TRANSMITTAL for FY 2002

*Patent fees are subject to annual revision.*

TOTAL AMOUNT OF PAYMENT (\$)

400.00

## Complete If Known

Application Number	08/849,746
Filing Date	September 15, 1997
First Named Inventor	Loher et al.
Examiner Name	S. Staicovici
Group Art Unit	1732
Attorney Docket No.	LUD-PT007

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **22-0493**  
Deposit Account Name **VOLPE AND KOENIG, P.C.**

Charge any Deficiencies or Credit any Overpayment in the Total Fees Associated With This Communication

Applicant claims small entity status.  
See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee	Fee Code (\$)	Fee	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
<b>SUBTOTAL (1) (\$)</b>					<b>0</b>

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>
Multiple Dependent	** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>

Large Entity Small Entity

Fee Code (\$)	Fee	Fee Code (\$)	Fee	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$)</b>				

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Fee Code (\$)	Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late provisional filing fee or cover sheet
139	130	139	130	Non-English specification
147	2,520	147	2,520	For filing a request for ex parte reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	400	216	200	Extension for reply within second month
117	920	217	460	Extension for reply within third month
118	1,440	218	720	Extension for reply within fourth month
128	1,960	228	980	Extension for reply within fifth month
119	320	219	160	Notice of Appeal
120	320	220	160	Filing a brief in support of an appeal
121	280	221	140	Request for oral hearing
138	1,510	138	1,510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1,280	241	640	Petition to revive - unintentional
142	1,280	242	640	Utility issue fee (or reissue)
143	460	243	230	Design issue fee
144	620	244	310	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Processing fee under 37 CFR 1.17(q)
126	180	126	180	Submission of Information Disclosure Stmt
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))
179	740	279	370	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application
Other fee (specify) _____				

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$)**

400.00

## SUBMITTED BY

Name (Print/Type)	Alfred Stapler	Registration No. (Attorney/Agent)	16,675	Telephone	215-568-6400
Signature	<i>A. Stapler</i>			Date	March 18, 2002

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